

UTAH ALCOHOL TRAINING AND EDUCATION SEMINAR PROVIDER APPLICATION

Program Name: _____

Address: _____
Street
City State Zip Code

Program Contact: _____
Name
Street
City State Zip Code
Phone # e-mail

Address of program delivery sites: (Add additional pages if necessary)

1. _____
Street
City State Zip Code
2. _____
Street
City State Zip Code

Certified Instructors Employed by Program:

Name	Date of Expiration of Certification

Geographical area to be served: _____

Ownership and person or group responsible for program operation: _____

Description of when and where classes will be held: Please attach schedule and locations.

I ASSURE THAT I:

- A. Will follow all Utah State Alcohol Training and Education Rules
- B. Will have prior approval from the Utah State Division of Substance Abuse and Mental Health on any curriculum changes.
- C. Will prove wither a card or certificate to each person who successfully completes the training and advise the State Division of Substance Abuse and Mental Health of the name, address, social security number and current employer of each person receiving a card/certificate.
- D. Will pay the State Division of Substance Abuse and Mental Health \$2.50 for each person receiving a card/certificate.

The undersigned verifies that neither the applicant nor any training instructors has ever been convicted of a felony or of any violation of the law or ordinance concerning alcoholic beverages of involving moral turpitude.

Signature

Printed Name

Notary

Date